



Evidence-Based Programs for “At-Opportunity” Children and Families

A Presentation to the Georgia Legislative Study Committee
on Infant and Toddler Social and Emotional Health

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Who we are: Evidence-Based Associates (EBA)



- Our First Project in Florida in 2004 (“Redirection” of youth involved with FL DJJ)
- Home-Base in Virginia; offices in Florida, Georgia, Virginia, and District of Columbia
- 23 years experience implementing EBPs ‘at-opportunity’ for children, youth, and families
- EBA focus/structure: Seven Key Goals and Objectives guide our work across systems

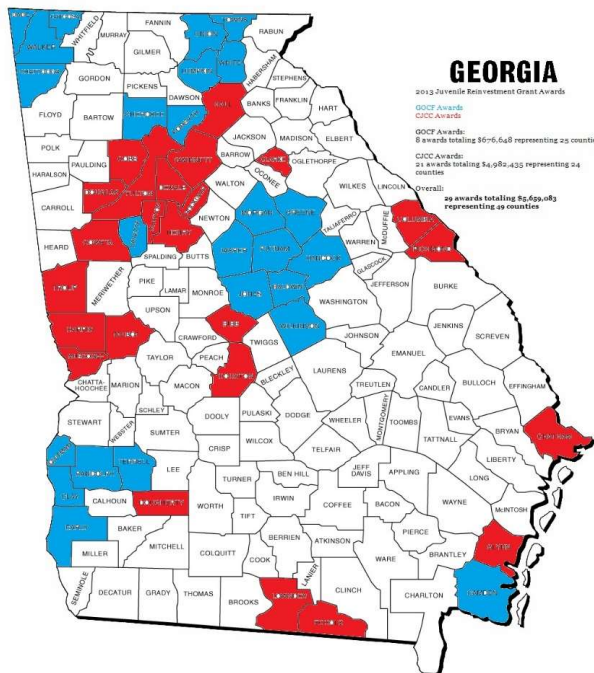
Goals

Objectives

1. Partner with System Champions / Reformers	• Embed EBP frameworks into Policy and Practice
2. Support Small, Local Service Providers	• Engage, Build EBP Knowledge and Capacity
3. Develop and Manage Referral Processes	• “Right Kids; Right Service; Right Time”
4. Report back to Key Stakeholders	• Engage Project Team, Build Champions
5. Monitor Fidelity and Quality	• Create CQI ‘loops;’ Monitor the Monitors
6. Evaluate Program Success (or Failure)	• Integrate Systems; Interpretation / Translation
7. Accountability and Transparency	• Fiscal and operational excellence

Helping states to ***“DO THE RIGHT THINGS – AND – DO THINGS RIGHT”***

Evidence-Based Associates: A Partner in Georgia since 2013



The Juvenile Justice Incentive Grant Fund (JJIGP)

- **Visionaries:** Gov. Nathan Deal; GA Legislature; GA DJJ
- **Goals:** Reduce juvenile placement rates statewide by 20% or more by expanding evidence-based practices (EBPs)
- **Implementation Plan:**
- GA CJCC created a list of approved EBPs (high standards) including some that are also listed by FFPSA (e.g., MST, FFT)
- Counties competed for grant funds for a top-tier EBP; and **HALF the counties also requested permission to use funds for Intensive Implementation Support (IIS) from EBA**

“EBA was a key partner in providing subject matter expertise and technical assistance... we could not have gotten off to such a quick and successful start without EBA’s amazing team”

- Joe Vignati
Deputy Director, DJJ Georgia

Can we Assume that EBPs Always Work?

NO! Not Always... (Part One)

In 2013, a \$7.2 mil Social Impact Bond, sponsored by Goldman-Sachs and conducted at Riker's Island, funded a cognitive behavioral therapy program for youths detained at the New York City prison, with the goal of **“reducing the high recidivism rate for this population by focusing on personal responsibility education, training, and counseling.”**

In July 2017, the evaluation team at the Vera Institute concluded that the evidence-based intervention had **failed** to reduce recidivism. Consequently, the program ended in August 2016.

WHY? Wrong Kids, Wrong Service, Wrong Time.



EBPs + Matching Risk and Response = Positive Results

Do EBPs Always Work? (Not Always, Part Two)

Table 1

Effective Implementation Key to Program Success in Washington

Program	Number of youth		Adjusted 18-month felony recidivism*			
	Control	Program	Control	Program	Change in recidivism	Benefit to cost† (2002 dollars)
Functional Family Therapy: Competent	313	181	27.0%	16.7%	-38.1%‡	+\$10.69
Functional Family Therapy: Not competent	313	206	27.0%	31.5%	+16.7%	-\$4.18
Functional Family Therapy: Total	313	387	27.0%	24.2%	-10.4%	+\$2.77

* Recidivism is defined as reconvictions in the Washington State court system. The rates shown are adjusted to account for systematic differences between the program and control groups using means in the equations from the logistic regressions.

† To be conservative, the benefit-cost ratios are based on reduced estimates of program effects to account for the less-than random assignment research designs. The Functional Family Therapy (FFT) effect size was reduced 25 percent. The estimated cost per youth is \$2,100 for FFT.

‡ Statistically significant reduction in recidivism at the .05 level.

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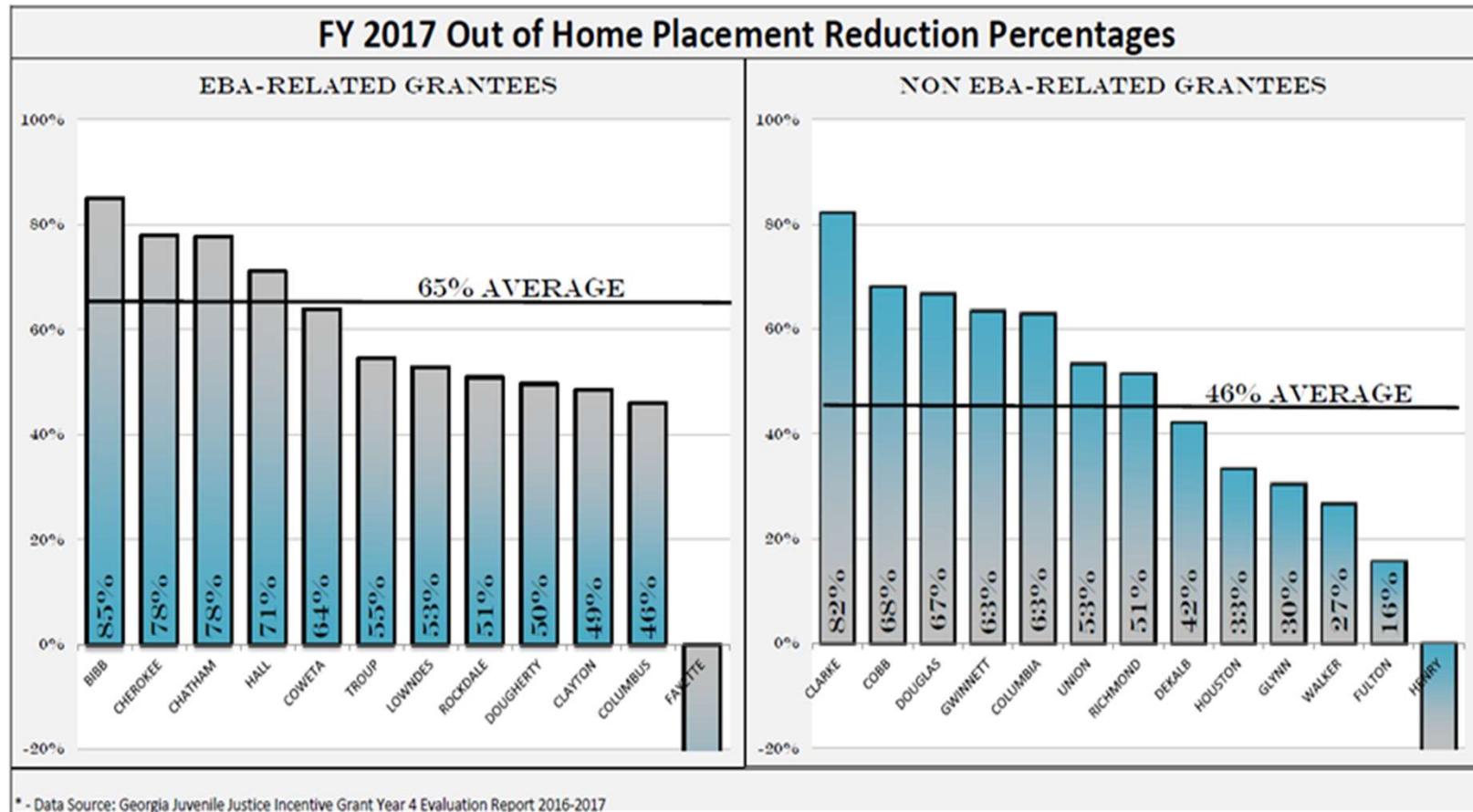
EBPs + Therapist Competency (Fidelity) = Positive Results

In Georgia: Award-Winning Results

CJCC Recognized as the NCJA “Outstanding Program” (2018)



Reduced DJJ Placement Rates: Intensive Implementation Support Matters



Georgia's Youngest Children and "At-Opportunity" Families

So much to gain... by investing those 'ounces' in prevention



UP TO

21 MILLION

CASES OF
DEPRESSION



UP TO

1.9 MILLION

CASES OF
HEART DISEASE



UP TO

2.5 MILLION

CASES OF
OVERWEIGHT/OBESITY

Georgia's Youngest Children and "At-Opportunity" Families

WHAT *can* BE DONE ABOUT ACES?

These wide-ranging health and social consequences underscore the importance of preventing ACES before they happen. **Safe, stable and nurturing relationships** (SSNRs) can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:



Home visiting to pregnant women and families with newborns



Parenting training programs



Intimate partner violence prevention



Social support for parents



Parent support programs for teens and teen pregnancy prevention programs



Mental illness and substance abuse treatment



Preschool Enrichment



Sufficient income support for lower income families

REFERENCES and RESOURCES

REFERENCES

[ACE Study](#)

[Economic Cost of Child Abuse and Neglect](#)

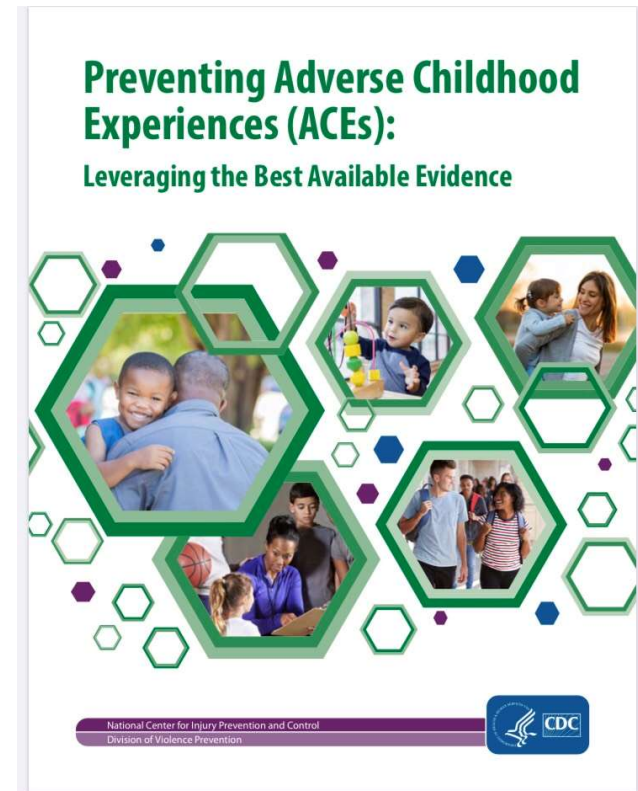
[Essentials for Childhood](#)



Georgia's Youngest Children and "At-Opportunity" Families

New Resources from the CDC pointing to the use of 'the Best Available Evidence'

- ❑ Home-visiting programs for pregnant women and families with newborns (such as Nurse-Family Partnership)*
- ❑ Parent Training Programs (such as Parents as Teachers and Parent-Child Interaction Therapy)*
- ❑ *Also consider: Incredible Years; Triple P; and **SafeCare** (based in Georgia at GSU)*

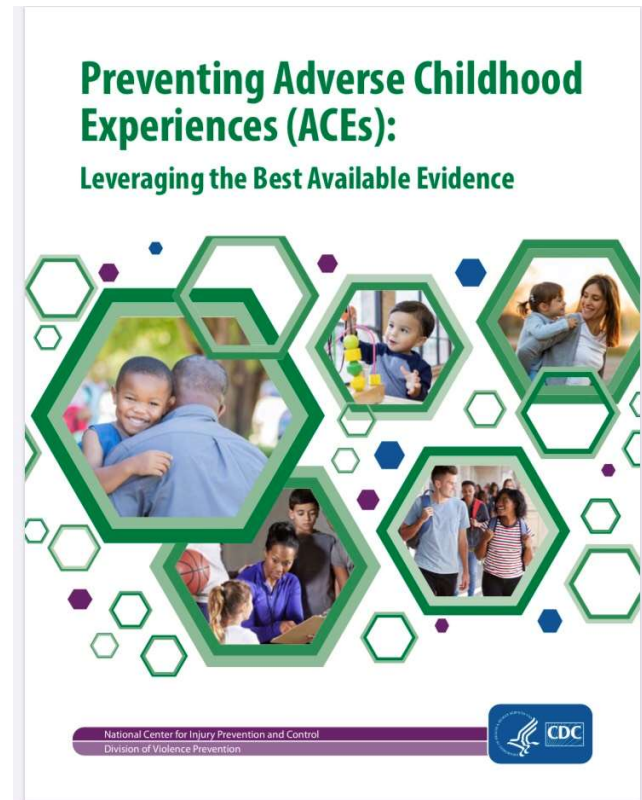


*Identified as "Well-Supported" by the Title IV-E Clearinghouse (DHHS) under FFPSA

Georgia's Youngest Children and "At-Opportunity" Families (cont.)

New Resources from the CDC pointing to the use of 'the Best Available Evidence'

- ❑ Family-based Mental Health and Substance Abuse treatments (such as Functional Family Therapy and Multisystemic Therapy)*

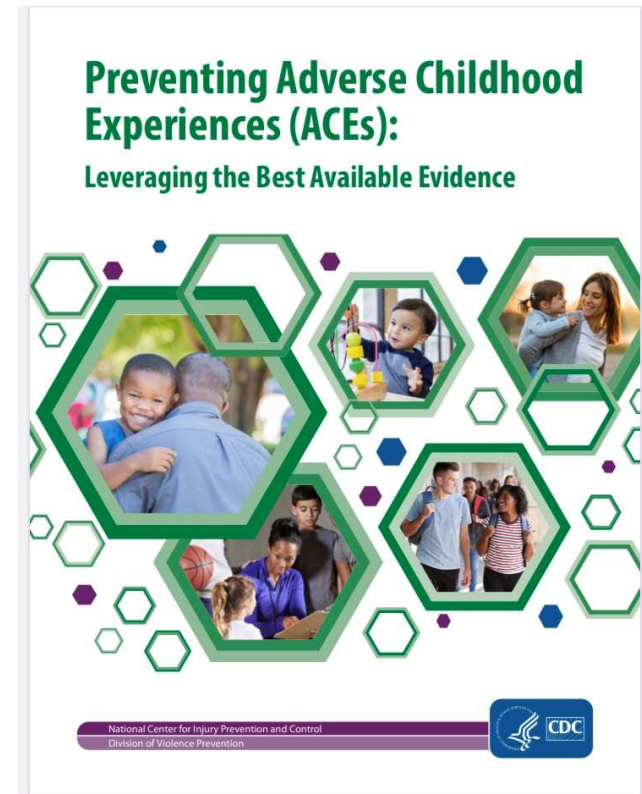


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Georgia's Youngest Children and "At-Opportunity" Families (cont.)

New Resources from the CDC pointing to the use of 'the Best Available Evidence'

- ❑ Other programmatic interventions recommended by the CDC include: the *Safe Environment for Every Kid* (SEEK) model (which screens for ACE exposures in the family environment) and *victim-centered services for women with a history of partner violence* – many of whom also report a significant number ACEs earlier in life



Family First Prevention Services Act (FFPSA): the WHAT

- P.L. 115-123 passed as part of the Bipartisan Budget Act in Feb, 2018
 - New option for States and Tribes to claim Title IV-E funds for prevention activities as early as October 1, 2019.
 - New policy to ensure appropriate placements for children in out of home care as early as October 1, 2019.
 - New funding and reauthorization of existing funding for child welfare programs including adoption incentives funding, prevention funding, court funding, and specific substance abuse prevention grant funding.



Family First Prevention Services Act (FFPSA): the WHY

- **Preserving families – thus, “family” first**
 - (Underlying Belief: Children do best in a family-like setting)
- Title IV-E funds can be Invested in placement prevention services
- Stipulation: programs offered to families must have been proven to be effective (EBPs = evidence based practices)
- When a child can’t remain at home or be safely placed in a family-like setting, ensuring quality residential treatment (QRTPs)
- Note: children in foster care have the legal right to be placed in the “least restrictive” setting, relative to their needs
- An additional means of addressing substance use/opioid crisis



WHAT'S AHEAD FOR GEORGIA?

- ✓ **DFCS Challenge – to develop an effective strategy that facilitates the effective implementation of FFPSA:**
 - A. Improve the quality and increase the quantity of community-based, family-centered programs
 - B. Decrease the rate of out-of-home placement
 - C. Improve outcomes for at-risk children
 - D. Reduce the costs to Georgia associated with foster care, wherever and whenever possible

Assess Needs => **“Exploration” and Strategy Development** => **“Installation” (Training and Licensing)** => **Implementation and Sustainment**

- ✓ **Georgia’s Study Committee Challenge – promote public policy that improves the lives of our youngest children:**
 - A. Tackle ACEs
 - B. Discover the ‘best available evidence’
 - C. Strengthen key partnerships
 - D. Align best resources with best opportunities

